

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			<b>Date of This Filing</b> <u>10/18/2005</u>  <b>Report No.</b> <u>LIE-713</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> <u>2</u>	<b>Date Stamp</b>          <b>Page 1 of 2</b>	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)443-7817		<b>I.D. NUMBER (if applicable)</b> 1273998			
<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> Reapportionment. Initiative Constitutional Amendment.			
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b> 77	<b>JURISDICTION</b> Statewide	<b>SUPPORT</b>	<b>OPPOSE</b> X

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2005	Phonebank	\$1.58
10/18/2005	Office Expenses	\$1.71
10/18/2005	Food for Volunteers	\$1.05
10/18/2005	Paid Walkers	\$3,125.00
10/18/2005	Phonebank	\$7.88

Reason for Amendment:

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**CALIFORNIA**  
**FORM 496**

NAME OF FILER

Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

I.D. NUMBER (If applicable)  
1273998

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/17/2005	CA School Employees Association San Jose, CA 95131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$63.00	If loan, enter interest rate, if any _____%
10/18/2005	CA School Employees Association San Jose, CA 95131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$68.18	If loan, enter interest rate, if any _____%
10/18/2005	CA School Employees Association San Jose, CA 95131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$41.68	If loan, enter interest rate, if any _____%
10/18/2005	SEIU United Healthcare Workers - West Political Issues Committee Oakland, CA 94612  ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$315.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772